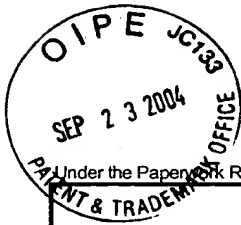


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PTO/SB/21 (04-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

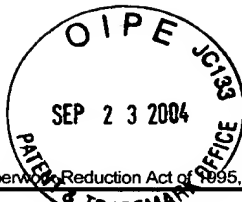
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<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/812,350
		Filing Date	March 20, 2001
		First Named Inventor	Susan Lindquist
		Art Unit	1638
		Examiner Name	Baum, Stuart F.
Total Number of Pages in This Submission	47	Attorney Docket Number	HO-P01979US2

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form  <input checked="" type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment/Reply  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input checked="" type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC)  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  Return Receipt Postcard Declaration Under 37 CFR Section 1.132 and Four (4) attachments Check in the amount of \$475.00
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	FULBRIGHT & JAWORSKI L.L.P. Melissa L. Sistrunk - 45,579
Signature	
Date	September 23, 2004

Transmittal	
I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. ER 509328755US, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.	
Dated: September 23, 2004	Signature:  (Monica L. Thomas)



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PTO/SB/17 (10-03)  
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<b>FEE TRANSMITTAL</b> <b>for FY 2004</b> <small>Effective 10/01/2003. Patent fees are subject to annual revision.</small>		<b>Complete if Known</b>	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/812,350
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) <b>475.00</b>		Filing Date	March 20, 2001
		First Named Inventor	Susan Lindquist
		Examiner Name	Baum, Stuart F.
		Art Unit	1638
		Attorney Docket No.	HO-P01979US2

<b>METHOD OF PAYMENT</b> (check all that apply)		<b>FEE CALCULATION</b> (continued)																																											
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		<b>3. ADDITIONAL FEES</b>																																											
<input type="checkbox"/> Deposit Account: Deposit Account Number: 06-2375 Deposit Account Name: Fulbright & Jaworski L.L.P.																																													
The Director is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.																																													
<b>FEE CALCULATION</b>																																													
<b>1. BASIC FILING FEE</b>																																													
<table border="1"><thead><tr><th>Large Entity</th><th>Small Entity</th><th>Fee Description</th><th>Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1001</td><td>770</td><td>2001</td><td>385</td><td>Utility filing fee</td><td></td></tr><tr><td>1002</td><td>340</td><td>2002</td><td>170</td><td>Design filing fee</td><td></td></tr><tr><td>1003</td><td>530</td><td>2003</td><td>265</td><td>Plant filing fee</td><td></td></tr><tr><td>1004</td><td>770</td><td>2004</td><td>385</td><td>Reissue filing fee</td><td></td></tr><tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="4"><b>SUBTOTAL (1)</b> (\$) <b>0.00</b></td></tr></tbody></table>		Large Entity	Small Entity	Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1001	770	2001	385	Utility filing fee		1002	340	2002	170	Design filing fee		1003	530	2003	265	Plant filing fee		1004	770	2004	385	Reissue filing fee		1005	160	2005	80	Provisional filing fee		<b>SUBTOTAL (1)</b> (\$) <b>0.00</b>					
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** or number previously paid, if greater; For Reissues, see above																																													

<b>SUBMITTED BY</b>		<b>(Complete if applicable)</b>	
Name (Print/Type)	Melissa L. Sistrunk	Registration No. (Attorney/Agent)	45,579
Signature		Telephone	(713) 651-3735
		Date	September 23, 2004

<b>Fee Transmittal</b>	
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